

901646

**UNITED STATES BANKRUPTCY COURT**  
**DISTRICT OF IDAHO (BOISE)**
**PROOF OF CLAIM**
 Name of Debtor  
 Peggy L. Sheldon

 Case Number  
 99-01789

**NOTE:** This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. §503.

 Name of Creditor (The person or other entity to whom the debtor owes money or property):  
 Boise Anesthesia

Name and Address where notices should be sent:

 Boise Anesthesia  
 c/o Asset Recovery Group  
 PO Box 14949  
 Portland, OR 97293

- ☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.
- ☐ Check box if you have never received any notices from the bankruptcy court in this case.
- ☐ Check box if the address differs from the address on the envelope sent to you by the court.



99-01789



1250217

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Telephone Number: 230-9522

Account or other number by which creditor identifies debtor:

901646

 Check here if ☐ replaces this claim ☐ amends a previously filed claim, dated \_\_\_\_\_
**1. Basis for Claim**

- ☐ Goods sold
- ☒ Services performed
- ☐ Money loaned
- ☐ Personal injury/wrongful death
- ☐ Taxes
- ☐ Other \_\_\_\_\_

- ☐ Retiree benefits as defined in 11 U.S.C. §1114(a)
- ☐ Wages, salaries, and compensation (fill out below)
- Your SS #: \_\_\_\_\_
- Unpaid compensation for services performed from \_\_\_\_\_ to \_\_\_\_\_ (date) (date)

**2. Date debt was incurred:**  
**SEE ATTACHED****3. If court judgment, date obtained:****4. Total Amount of Claim at Time Case Filed:**

\$ 1,659.28

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.
**5. Secured Claim.**
☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

- ☐ Real Estate ☐ Motor Vehicle
- ☐ Other \_\_\_\_\_

Value of Collateral: \$ \_\_\_\_\_

Amount of arrearage and other charges at time case filed included in secured claim, if any: \$ \_\_\_\_\_

**6. Unsecured Priority Claim.**
☐ Check this box if you have an unsecured priority claim Amount entitled to priority \$ \_\_\_\_\_

Specify the priority of the claim:

- ☐ Wages, salaries, or commissions (up to \$4,300),\* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3).
- ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).
- ☐ Up to \$ 1,950\* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).
- ☐ Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).
- ☐ Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).
- ☐ Other - Specify applicable paragraph of 11 U.S.C. § 507(a)(\_\_\_\_).

\*Amounts are subject to adjustment on 4/1/01 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

**7. Credits:** The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

**8. Supporting Documents:** Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

**9. Date-Stamped Copy:** To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

 Date  
 8-2-99

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

AUDREY ROUNT LCL CLERK

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

Chapter 12 and 13 claims, along with any supporting must be filed in duplicate.

07/30/99

ASSET RECOVERY GROUP, INC.

PAGE 7

3:45 PM AR

SELECTED

DEBTOR Name:SHELDON PEGGY L Ssn:519761118 Cbr: Ph:208-888-4566  
 Rp: , Ssn: Rp Ph:208-888-4566  
 Adr1:1030 E 4TH ST POE:MERIDIAN ACADEMY POE Ph:208-887-4888  
 City:MERIDIAN Cty:MERIDIAN Canc: Born:  
 St: ID Zip:836422319 St: ID Zip: COF: Sal:  
 CInt:5438 BOISE ANESTHESIA, P.A. AAI, PORTLAND OR, 291SHE612500 Org: 232.50  
 List:07/21/97 Srv:09/29/96 Ltrs:1 Time:79 Calls:16 Con:4 Bal: 295.80  
 Aty:0 Int: 63.30

## MULTIPLE ACCOUNTS

RM#	Acct	Name / Client	Lst	Srv	Lpy	Col	Disp	Bal	Check	Reason	Drivers License #
PRIN	CL	INT	MISC	NSF	CHG	AIN	CC	ATY	COL	FEE	PJI
1	901646*	SHELDON,PEGGY L									
291SHE612500/5438/BOISE ANESTHE	07/21/97	09/29/96	01/01/97	1	3666	295.80					
232.50	0.00	0.00	0.00	63.30	0.00	0.00	0.00	0.00			
1	970507	SHELDON,PEGGY L									
29ASHE708335/5438/BOISE ANESTHE	12/23/97	07/08/97		1	3666	486.44					
400.00	0.00	0.00	0.00	86.44	0.00	0.00	0.00	0.00			
1	1061492	SHELDON,PEGGY L									
298SHE801432/5438/BOISE ANESTHE	07/27/98	02/05/98		1	3666	403.52					
350.00	0.00	0.00	0.00	53.52	0.00	0.00	0.00	0.00			
1	1123277	SHELDON,PEGGY L									
29ASHE809103/5438/BOISE ANESTHE	12/16/98	07/23/98		1	3666	385.99					
350.00	0.00	0.00	0.00	35.99	0.00	0.00	0.00	0.00			
1	1172510	SHELDON,STEPHANIE E									
281SHE805685/7444/EIDSON, JEFFE	04/21/99	05/07/98	10/14/98	1	3666	347.89					
326.78	0.00	0.00	0.00	21.11	0.00	0.00	0.00	0.00			

\$1,659.28

DEBTOR'S ATTORNEY Name:ALBAN,RICHARD

Ph:208-466-6781

BANKRUPTCY INFORMA CASE # :99-01789  
 CHAPTER :13  
 DATE FILED :071499  
 DISTRICT/STATE :IDAHO  
 TYPE OF FILING :I  
 NAME :PEGGY L. SHELDON  
 SPOUSE :  
 DISCHARGE DATE :  
 DISMISSAL DATE :

JOINT: \* :  
 INDIVIDUAL: \* :  
 ASSET Y: \* :  
 ASSET N: \* :  
 LST DT 2 FILE :